

**MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

**ORTHOPEDIC AND PHYSICAL THERAPY SPORTS  
CLINIC - SHOULDER EVALUATION**

OTSG APPROVED (Date)

**PART I - SUBJECTIVE**

1. Age	2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Occupation	4. Date of injury	5. Chief complaint
6. Method of injury <input type="checkbox"/> Unsure <input type="checkbox"/> Twisting <input type="checkbox"/> Direct blow <input type="checkbox"/> Overuse <input type="checkbox"/> Other:			7. Is it recurrent? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Pain ___/10 at rest; ___/10 with activity
9. Comments:		10. Past treatment history:		
11. Working assessment				
12. Other				
13a. Referring provider's signature and stamp				13b. Date

**PART II - OBJECTIVE**

14. Barriers to learning <input type="checkbox"/> None						15. Extremity involved	
16. Flexion and rotation	AROM	Control	PROM	Control	MMT	Control	
a. Forward flexion							
b. External rotation @ 0							
c. Internal rotation							
17. Special tests (For each test listed below, enter "+" for positive, "-" for negative, or "N/A" for not assessed or not applicable.)							
Cross-over		O'Briens		Hawkin's		Neer's	
Lift-off		Speed's		Apprehension (Ant/Post)		Relocation	
Jerk test		Yeargeson's					
Sulcus		Sulcus in ER		Humeral head translation			
18. Tenderness				19. Relief with injection			
20. Films				21. MRI			

**PART III - ASSESSMENT (Item 22)****PART IV - PLAN (Item 23)**

(Continue on reverse)

PREPARED BY (Signature &amp; Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- |   |  |
|---|--|
| <input type="checkbox"/> HISTORY/PHYSICAL                           | <input type="checkbox"/> FLOW CHART      |
| <input checked="" type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES                         |  |
| <input type="checkbox"/> TREATMENT                                  |  |